

ACC NEWS

President's Page: Considering the Health Care World as Flat

In his book *The World Is Flat: A Brief History of the 21st Century* and other writings, globalization guru and *New York Times* columnist Thomas Friedman has focused on technology, financial markets, world trade, and now supply chains to explain his concepts. He refers to the “Dell computer supply chain” and explains that no two countries that are part of something like the Dell supply chain will ever fight with each other.

Friedman may not refer to the health care supply chain, but we all recognize that medical science truly has had no borders and that some of the most important breakthroughs in medicine have been the result of collaborative efforts and partnerships that reached across borders. With the alarming rate of growth in cardiovascular disease worldwide in both developed and developing countries, it is even more important to build on our partnerships and to share our knowledge.

Since the American College of Cardiology (ACC) Board of Trustees formalized its global strategy in 2005, the ACC has pursued its goal of fostering collaborative information exchanges among cardiovascular professionals and societies around the world. In recent months, representatives from India, Malaysia, and Argentina have written articles in *Cardiology* magazine about cardiovascular disease and medicine in their countries. Other ACC representatives and I have attended scientific meetings in other countries, and with most of these societies there is a strong desire to develop joint scientific sessions with the ACC.

Through our travels, we have come to realize that we share many similar professional issues and concerns, although differences may exist because of the prism through which we view these issues. Our health care systems may differ, but we are all dealing with increased rates of obesity and diabetes. In many of the countries outside of the U.S., smoking rates in males approach 60%. We all have a need to focus on prevention. Essentially, the sharing of cardiovascular disease, knowledge, and expertise are flattening the world of health care. Perhaps, when we view similar problems in an altered context, we will be able to see new solutions to our problems.

Work Force Issues

The U.S. is not the only country concerned about a shortage of doctors and specifically, cardiovascular specialists. Particularly in developing countries, shortages of general practitioners and cardiologists are major concerns. Malaysia is experiencing a significant shortage of cardiologists and other cardiac care team members in its public sector and is taking steps to correct it.

For years India experienced a “brain drain,” as physicians moved to the U.S., the United Kingdom, and other countries for better salaries and work environments. However, India’s booming economy and higher salaries are bringing them back. In Argentina, the issue begins with a shortage of cardiology residencies and a lack of adequate training programs.



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Equally troublesome is the imbalance of access to care as medical professionals migrate to the urban centers, leaving those living in rural areas with limited medical care options. Of course, this is an issue in the U.S. as well. Yet, some countries suffer from an over supply of physicians, especially cardiologists. A good example of this is Italy.

Health Care Cost

The major issue in all countries is the increasing cost of health care. Whether it is rationing of care or lack of access to care, countries are struggling with the cost of care. Low salaries for all health care workers have led to the development of private health care systems outside the national health care systems. Many physicians find themselves working in the public and private sectors because working in the private sector helps to offset the lower salaries paid in public sector work. Patients seek care in the private systems because of long waiting lists and rationing.

Some systems have recognized the importance of prevention as the most prudent pathway to controlling future cost. In those countries prevention, rehabilitation, and counseling are part of the care structure and are actually supported more vigorously by government structures. France is a good example of a country that emphasizes preventive care to improve patient health over the long term. Actually, in many countries, general physicians handle preventive, rehabilitation, and counseling duties.

Some centers in Malaysia share preventive care with non-governmental organizations and in collaboration with pharmaceutical industries. Similar to the U.S., specialized nursing staff, pharmacists, and other trained staff help with rehabilitation and counseling.

Advancements Across Borders

Technological advances have reached across borders. The Pope John Paul II Medical Center in Krakow, Poland, has single-photon emission computed tomography, dual-source and 64-slice computed tomography (CT), magnetic resonance, and they conduct about 3,000 angioplasties per year and more than 1,800 open-heart surgical procedures a year. They are engaged in stem cell research and have already done at least one successful percutaneous

aortic valve replacement. Some 75,000 angioplasties were performed in China in 2005.

India has some very advanced facilities with CT scanners, magnetic resonance imaging equipment, cardiac catheterization and electrophysiology, and more, but they are primarily in the for-profit facilities. Our global colleagues are fully aware of what is available to fight cardiovascular disease, but awareness does not create the economic power to provide this level of care in all countries yet. Argentina struggles to buy some of the new equipment that is having a major impact on cardiovascular medicine. Some private clinics may have it, but access is limited.

One area that has lagged in the U.S. and perhaps not as much elsewhere is electronic health records (EHR). It has been Malaysian government policy to use as much electronic communications and telemedicine since the late 1990s to bridge the urban and rural care gap and laboratory, radiology, and other imaging records are all kept electronically. Five new public hospitals opened since 2000 with the basis of a totally paperless system. China initiated several EHR initiatives by 2006.

What We Learn By Sharing

When we attend scientific sessions in the U.S. and abroad, we share a great deal of medical science and knowledge. However, we seldom share much about our professional environments. Perhaps, the time has come to change that. If we find ways to “flatten” these issues that seem to cross borders, we can help each other find solutions to work force shortages, access to care issues, and more. Our goal is to provide the best health care to the largest group of people that we can. Working together, we stand a better chance of doing just that.

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